

L190000 57697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

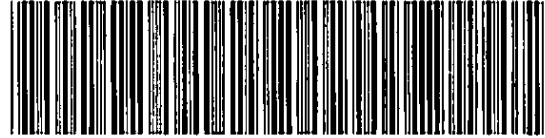
(Business Entity Name)

(Document Number)

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FILED
2019 MAR 15 P 10:55
TALLAHASSEE, FLORIDA

2/27/19 CS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Skyline Allstarrz Restaurant + Lounge LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sameer Plummer
Name of Person

Skyline Allstarrz Restaurant + Lounge LLC
Firm/Company

2865 Rockmont Street
Address

Jacksonville, FL 32207
City/State and Zip Code

D-Plummer1977@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sameer Plummer at (904) 545-6012
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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2013 MAR 15 P 10:55

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Skyline Allstarrz Restaurant + Lounge LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/27/2019 and assigned
Florida document number L19000057697

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Allstarrz Restaurant + Lounge LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

~~NO SIGNATURE REQUIRED FOR THIS DOCUMENT~~

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Danielle Plummer	2865 Rockin'art St. Jacksonville, FL 32207	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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2013 MAR 15 PM 1:11
FLORIDA
STATE
SECRETARY
OF
STATE

2018 MAR 15 PM 10:55
FALLS CHURCH

2018 MAR 15 PM 10:56

Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(S) (U) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z)

Dated 03-09-2019 2019

Ben Lee

Signature of a member or authorized representative of a member

SAMRER Plummer

Typed or printed name of signee